

## FOSTER PARENT INSURANCE PROGRAM VERIFICATION OF CLAIM

**Use of form:** Completion of this form is required before a claim for foster parent insurance (s. 48.627) can be made to the Department. The form must be completed and signed by the placing agency.

**Instructions:** Within five working days of receipt, submit Claim of Loss or Damage (CFS-116) with supporting documentation and the completed Verification of Claim (CFS-117) to the Bureau of Programs and Policies, P.O. Box 8916, Madison, WI 53708-8916

Placing Agency Name			Foster Parent Name		
Street Address			Street Address		
City	State	Zip Code	City	State	Zip Code

1. Date CFS-116 was received by placing agency: \_\_\_\_\_  
(mm/dd/yyyy)
2. Was foster parent licensed at the time of occurrence? ☐ Yes ☐ No
3. Was foster child placed in the home at the time of occurrence? ☐ Yes ☐ No
4. If appropriate, is restitution being sought? ☐ Yes ☐ No
5. Is foster child FFP eligible? ☐ Yes ☐ No
6. Has foster parent filed a claim since last July 1? ☐ Yes ☐ No

- If "Yes", list:
- a. Date of previous claim \_\_\_\_\_  
(mm/dd/yyyy)
  - b. Amount of previous claim \_\_\_\_\_

7. Explain what you understand the circumstances of loss or damage to be.
8. Describe how you verified the loss or damage.
9. Explain how future loss or damage by the foster child can be prevented and how the condition is being treated or resolved.

**A. PLACING AGENCY RECOMMENDATION**

- |   |                      |       |
|---|----------------------|-------|
| <input type="checkbox"/> Pay amount claimed on CFS-116.     | Amount claimed:      | _____ |
|   | Less deductible:     | _____ |
|   | Recommended payment: | _____ |
| <br><input type="checkbox"/> Pay amount other than claimed. | Amount claimed:      | _____ |
|   | Less deductible:     | _____ |
|   | Recommended payment: | _____ |
| <br><input type="checkbox"/> Disregard claim.               |                      |       |

If amount other than claimed is to be paid or claim is to be disregarded, provide explanation of recommendation.

**B. PLACING AGENCY VERIFICATION CHECKLIST**

- |    |  |                              |                             |
|----|--|------------------------------|-----------------------------|
| 1. | Are all three pages of the CFS-116 completed and attached?                                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. | Is there documentation of insurance coverage or insurance disclaimer provided with the CFS-116?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. | Have the receipts, estimates or other documentation for each item lost or damaged been provided? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. | If theft was involved, has a copy of the police report been provided?                            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. | Has the CFS-117 been completed in its entirety?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

\_\_\_\_\_  
Name of Person Completing this Form

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
**SIGNATURE** - Agency Representative

\_\_\_\_\_  
Date Signed